#### PREPAREDNESS COORDINATING COUNCIL

Texas Department of State Health Services
March 17, 2008
10:00 a.m. – 3:00 p.m.

#### **Meeting notes**

#### **Members Present:**

Dr. Donald Gordon, Chair Texas Medical Association (TMA)

Lynda Doell, RN, BSN, CIC Texas Society of Infection Control Practitioners

Vicki Hansen, LMSW-AP, ACSW National Association of Social Workers

Clair B. Jordan, RN, MSN Texas Nurses Association (TNA)

Dr. Ronald Kennedy

Texas Tech University Health Science Center

David Lurie

Texas Association of Local Health Officials

(TALHO)

Dr. Daniel Perugini UT Health Science Center at San Antonio Penny Redington Texas Association of Regional Councils

#### **Members Absent:**

Dinah Cannefax, Vice Chair Texas Hospital Association (THA)

Johnna Cantrell Governor's Division of Emergency Management

(GDEM)

Leon Charpentier Governor's EMS Trauma Advisory Council

(GETAC)

Rogelio De La Cruz Eagle Pass Fire Department
LTC Steve Marshall Texas Army National Guard
Chebon Tiger Inter-Tribal Center of Texas

#### Called in:

Dr. Barbara Quiram, Vice Chair Texas Public Health Training Center

At 10:20 Dr. Don Gordon noted that a quorum was not present, so no business could be conducted. Dr. Gordon welcomed the attending members and guests, and called for introductions.

Dr. Barbara Quiram called in by telephone to give her presentation on a new format for Preparedness Coordinating Council (PCC) meetings.

- PCC members want the meetings to be more interactive.
- The new meeting format will include staff updates in the morning, and facilitated member discussion in the afternoon.
- This new meeting format will allow the council to be more involved in decision making.

# Introduction of Dr. Adolfo Valadez, new DSHS Assistant Commissioner for Prevention and Preparedness.

Martha McGlothlin, Director, Community Preparedness Section

Dr. Valadez shared some of his background with the council.

- Originally from San Antonio.
- Received his medical degree from the University of Texas Medical Branch in Galveston and his Master of Public Health from the Harvard School of Public Health.
- Served as medical director and health authority for the Austin/Travis County Health and Human Services Department.
- In his position as a local health authority, he saw how monies were spent at the local level and wants to share that expertise now at the state level.
- There are significant issues at all levels with reduced health and medical preparedness funding.
- We are not emergency responders; we are public health staff who respond to disasters.
- Need to work to define public health response in the state and locally.

## Report on GDEM/DSHS January 16<sup>th</sup> Meeting

Martha McGlothlin

- This meeting was held to look broadly at all preparedness funding that comes to the state
- There were about 70-80 attendees from a variety of stakeholder groups.
- Information was provided about funding received by DSHS and the Governor's Division of Emergency Management.
- The object of the meeting was to discuss how entities can work together at all levels to maximize spending and manage volunteers.
- Some of the discussion involved:
  - o Better communication at all levels.
  - o Addressing barriers at the local level with regard to spending.
  - o After Action Reports (AAR) what is the best mechanism for addressing shortcomings identified in drills and in response to actual events
  - o Request for legislation to address all aspects of volunteer liability, including a single statute covering all volunteer liability issues.
  - o Discussion around issue of paying volunteers. How do we pay for medical strike teams?
  - o Request for all grants to come in same funding cycle.
  - o Statewide exercises, hurricane exercise needs to have a medical component.
  - o The disconnect between DSHS and GDEM. Who has what responsibilities at what levels?
  - o The relationship between the PCC and the Texas Emergency Preparedness Advisory Committee (TEPAC), the Governor's EMS and Trauma

- Advisory Council (GETAC). Are they duplicative or complementary? Is there overlap? How do they communicate?
- Stakeholders asked to be notified of PCC meetings. After consultation with DSHS Office of General Counsel, a broad stakeholder list will be notified of each PCC meeting.
- In response to a question from a PCC member, Rick Bays reported that the purpose of the TEPAC is to advise Chief Jack Colley.
  - Rick Bays and John Burlinson from HSR 7 are the DSHS representatives to TEPAC.
  - o The current focus is on how the Councils of Government (COGs) and local emergency management assist with regional planning.
  - o The last TEPAC meeting looked at COGMACCs. During an emergency, resources can be coordinated at the COGMACC so that requests never have to go up to the State Operations Center (SOC) or the Disaster District Councils (DDC).
  - o The purpose of the COG MACC is to augment by sharing resources locally, not replace any of these other entities.
  - There is a changing culture as it becomes apparent to traditional responders that public health should be involved in all emergency response.

### **Preparedness Updates**

Rick Bays, Public Health Preparedness Unit Director

Mr. Bays reported on the following topics. The complete update is attached to this document.

Bi-Weekly Meetings with GDEM.

- Hurricane Exercise and Conference
  - o A ROC (Rehearsal of Concept) drill will be held in May. Rick Bays, Dr. Valadez, Dr. Lakey, and Martha Gonzalez of PHPU will attend.
- Funding Reduction in Preparedness
  - o Goal making funding reduction as painless as possible for locals.
- Disaster Mental/Behavioral Health
  - O Vicki Hansen stated that at the last meeting the council discussed recommending that Dr. Lakey instruct the Texas Medical Association to offer CEUs for Incident Command training for their members. Ms. Hansen requested that this recommendation be expanded to include Social Workers, other health professionals, and chaplains. From a procedural standpoint, what is needed is a letter from Dr. Lakey to the professional boards making this recommendation.
- Revisions to Annex D
- Volunteer Registry
  - o The registry is a local tool to manage local volunteers. It is not the State's intent to take resources away from volunteers at the local level.
- Pan Flu Tabletop Exercise

- Ready or Not? Emergency Preparedness Campaign
  - o Rev. Amy Elder stated that families, especially young families, need more direction on when to go to the emergency room or doctor.
  - o Dr. Gordon recalled a public education pamphlet distributed by the state of Maryland and said that a version adapted to Texas would be helpful.
  - o Ms. Hansen noted that the best ways to prevent transmission of a virus was through frequent hand washing and through social distancing. She said that money could be better spent on prevention rather than by stockpiling medications.
    - Teaching the basics of hand washing at school or day care.
    - Allowing purchase of hand soap with food stamps.
  - o Mr. Lurie asked if Ready or Not media events could include local partners.
- Public Health Emergency Preparedness Funding
- Hospital Preparedness Funding
- Competitive Pan Flu Funding
  - Texas submitted three projects last week. The deadline for submission is today.
  - We should get a response by mid-April to know if any of the three projects Texas submitted were funded.
  - o The total requested was a little less than \$2 million for all three projects.

Mr. Lurie asked for a breakdown of funding information by contractor, but Mr. Bays responded that DSHS does not keep the information in that format.

Dr. Gordon announced that six new members have been added to the council. They are:

John S. Alley

John T. Carlo, MD

Rev. Amy BeVille Elder

Texas Department of Transportation

Dallas County Health and Human Services

Texas Interagency Interfaith Disaster

Eduardo Olivarez Hidalgo County Health and Human Services

Orville (Chet) Robbins Texas Funeral Service Commission

Michael Terry United Way of Texas

Mr. Terry and Rev. Elder were in attendance. New member orientation will be held at the next meeting.

#### **GETAC Disaster Task Force and PCC**

Eric Epley, STRAC

Mr. Epley gave a PowerPoint presentation to inform the council of the charge and accomplishments of the GETAC Disaster Task Force.

- The Task Force was formed in August 2007 and charged with providing recommendations:
  - o related to the appropriate transportation of individuals with special medical needs in the event of a disaster in light of the limited medical

transportation resources available in the state that includes the use of non-traditional transport methods based upon specific guidelines for modified standards of care;

- o for the deployment EMS provider;
- statewide of resources through a NIMS compliant methodology that considers such methodologies as resource deployment in task forces and strike teams;
- o for a plan for the management of available acute care hospital beds; and
- o for a common terminology dictionary
- Their accomplishments include:
  - o Created forum for dialogue and planning between DSHS and Local/Regional partners
  - Developed Usage Criteria for Ground and Air Ambulance transport in disaster
  - o Assisted with crafting revised DSHS Ambulance MOA
  - Developed Regional EMS Coordination Center concept
  - Developed statewide Regional Medical Operations Center (RMOC)
     Concept
  - o ALS Bus concept
  - Developed concept of deploying ambulances using NIMS-compliant strike team methodology
  - o Ambulance Strike Team Leader Curriculum with TEEX
  - o Developed concept for EMS Personnel and ancillary equip MOA (utilized for Dean)
  - Developed draft altered standards of care for EMS personnel use during disaster – currently working with GETAC EMS Medical Directors committee for revision
  - o Integration with Texas Intrastate Fire Mutual Aid System (TIFMAS)
  - o Pediatric Disaster Coalition
  - o TWIRP Texas Web EOC Interoperability Project
    - Funded by DSHS
    - Both Medical and Emergency Management boards
    - Nearly all regions underway (need Midland/Odessa and Waco)
- The Task Force plans these projects for the future:
  - o RMOC Essential Criteria
  - o Ambulance and EMS Personnel MOA
  - o Nurse Strike Team concept development
  - o MOA for hospitals for reimbursement
  - o Pan Flu/altered standards of Care
  - o Patient tracking
  - o Texas Medical Assistance Teams (TxMAT)

Mr. Epley stated that one issue that needs more work is bioethics. In a disaster, decisions will have to be made regarding which patients will receive treatment, and these

discussions need to take place now. Penny Redington suggested that the hospice community should be brought to the table for such discussions.

Mr. Epley pointed out that the State of California and the American Nurses Association have both produced documents addressing bioethics questions. He suggested that the council address this subject with a view to making some recommendations to the Legislature.

Mr. Lurie made a motion to recommend to the DSHS Commissioner that DSHS formulate legislation to provide for ethical legal guidance in disasters. Ms. Redington seconded the motion. Due to the lack of a quorum, the motion was tabled until the next meeting.

The members discussed how the council can work in conjunction with the Disaster Task Force and other committees. An organizational chart of all committees and task forces would be helpful. Mr. Epley stated that it is important to know to whom these groups report.

The council members agreed that each meeting agenda should contain a report on GETAC issues, findings, and recommendations. DSHS staff will work with Mr. Epley to determine if a report is needed or if there should be discussion on a topic of mutual interest. Mr. Lurie also requested a report from TEPAC.

#### **Statewide Priorities**

Cathy Schechter, SUMA Orchard Social Marketing, facilitator

Rick Bays reported that n February three groups of internal and external stakeholders were brought together to help identify statewide health and medical preparedness priorities. The Hospital Preparedness Program contactors met on February 5 and the Public Health Preparedness contractors, represented by the board of TALHO, some DSHS Regional Directors, and representatives from local health departments, met on February 27. In addition, a group of DSHS staff met to discuss state level priorities.

The groups were asked to:

Identify the priorities

- What is the desired performance level for that priority/
- What is the gap for the priority
- Which entity has primary responsibility for addressing the gap

Mr. Bays proposed a focus on priorities identified by at least two of the stakeholder groups. These included:

- All Hazards Planning
- Countermeasure Distribution
- Disease Surveillance
- Patient Identification/Tracking

- Tactical Communication
- Work Force Training

The council wanted to add Disaster Mental/Behavioral Health.

Houston's Reliance Center was cited as a best practice regarding disaster behavioral health. There, private providers who have a background in mental health are trained to be ready in case they're needed in a disaster. This regional activity should spread statewide, but needs a champion at the state level.

Ms. Hansen noted that mental health issues are the biggest problem still to be addressed from Hurricanes Katrina and Rita. She said that part of preparedness is knowing how to put into place in advance policies that will help people recover. She asked that "personal and family preparation and recovery" be added as a priority.

As an action item for the next meeting, the council will discuss sending a recommendation to the Commissioner for an exceptional item to augment federal preparedness funding that supports local preparedness efforts

The meeting adjourned at 2:20. The next meeting will be held on June 30, 2008.

## **Bi-Weekly Meetings with GDEM**

- DSHS and GDEM began bi-weekly meetings on March 4<sup>th</sup>. The purpose of these meetings is to share information relating to ongoing preparedness activities and to improve coordination.
- Staff involved includes GDEM's State Coordinators, Martha McGlothlin, Rick Bays and selected DSHS staff based upon the agenda topics.
- Once every two months, Dr. Lakey, Dr. Valadez, and Jack Colley will be asked to participate to improve coordination at the highest levels of both organizations.

#### **Hurricane Exercise and Conference**

- The 2008 Hurricane exercise is being handled slightly differently than previous years.
- Evacuation and sheltering jurisdictions will exercise together and State participation will be limited during these local exercises.
- Exercise planning meetings began in January, local tabletops occurred in February, and actual exercises for local jurisdictions will begin in late April and end the 2<sup>nd</sup> week of June.
- A ROC (Rehearsal of Concept) drill for state and federal agencies will be held May 26-28.
- The Texas Hurricane Conference will be held in Galveston, May 19-23. We have requested a public health and medical track as a part of that conference.
- More information on the Hurricane Exercise can be found at www.preparingtexas.org

## Funding Reduction in Preparedness (Rick Bays)

- CDC has given preliminary notice that PHEP base funds will be reduced approximately 12% or \$4.3M for FY09.
- The additional \$11M in pandemic influenza will not be funded in FY09.
- EWIDS will be reduced approximately 20%.
- CRI will increase by \$500K but these funds will come out of base funding.
- The budget period is 12 months rather than 11 which increase the reduction by approximately 4%.
- State salary increase effective 9/1/08 will be 2% which will impact available funding.
- Central office costs are being evaluated to absorb as much of the overall reduction as possible to minimize the impact in regional and local health department activities.

### **Disaster Mental/Behavioral Health (DMBH)**

The contract with the University of North Texas to develop a draft appendix to Annex H was executed and work is progressing on schedule.

- UNT has conducted 24 face-to-face or telephone interviews with stakeholders across the state. The additional interviews will be completed by March 31, 2008. Those interviewed were emergency management officials, community officials, volunteer organizations, and behavioral health providers
- Three of the six stakeholder meeting have been conducted. Those in Dallas, Houston, and Austin have been conducted, with Amarillo, El Paso, and the Valley (Mercedes) scheduled for completion by the end of March. The meetings have been successful in identifying DBH resource gaps as well as operational issues that are of concern to the stakeholders.
- The target date of May 31, 2008 will be met for the final draft of written guidance for planning for local and regional governments, recommendations on how to better integrate DMBH preparedness and response efforts, and an annex on DMBH for the State Emergency Management Plan.

### Revisions to Annex D (Radiological Emergency Management)

- Radiation control program staff has made changes to Annex D based on Federal Emergency Management Agency (FEMA) recommendations.
- DSHS planners will now create a workgroup to review the annex and update
  it as necessary. The workgroup working in coordination with the Governor's
  Division of Emergency Management (GDEM), includes not only DSHS
  radiological staff, but any other state agencies that support radiological
  response operations.

### **Volunteer Registry**

The following steps reflect the development and implementation of the Texas Disaster Volunteer Registry (aka ESAR-VHP):

- Revisions are being made to the Registry and registration process for each discipline as a result of feedback received from Connectivity Work Group members at their meeting, January 16, 2008. Scheduled for completion by March 15, 2008
- Beta testing of the Registry is underway with the Harris County Medical Reserve Corps in Houston and the Northeast Texas Medical Reserve Corps in Tyler.
  - Beta testing also will include Travis County Community Emergency Response Teams (CERT) and the City of Houston Disaster Mental Health Crisis Response Team.
  - Beta testing is scheduled for completion by April 15.
- Local/regional meetings scheduled for the purpose of identifying local administrators so that local volunteer groups can be included in the Registry and administrators can be trained; meetings also include discussion regarding regional infrastructure for the Registry; first meeting held in Tyler, March 3; Arlington meeting scheduled for March 27; Temple meeting planned for April 2.

- Meetings also being planned for Amarillo, San Antonio,
   Midland/Odessa, Hidalgo, Corpus Christ/Victoria, Beaumont,
   Georgetown, and other sites.
- Goal: to conduct as many meetings as possible before June 1, 2008, and the start of hurricane season.
- Recruitment materials being finalized by SUMA/Orchard Social Marketing for State-level partners (Texas Board of Nursing, Texas Nurses Association, Texas Board of Pharmacy, Texas Pharmacy Association, and others).
  - General recruitment materials will be produced by DSHS.
  - Goal for completion of general materials: May 31, 2008.
- Work in progress to complete Memoranda of Understanding (MOUs) with all State-level partners. Goal: completion by May 31, 2008.

#### Pan Flu Tabletop Exercise

- The HPP Pan Flu Supplemental grant required that the State conduct an exercise addressing medical surge. We are in the final planning stage which includes the following:
  - Modified Tabletop Exercise with Functional and Full-Scale components planned for April 29, 2008.
  - o To be conducted in Mount Pleasant, Texas.
  - Exercise will address the areas of medical surge, disease surveillance, and laboratory capacity.
  - Will include the following participants:
    - Public Health
    - Trauma Service Area-F Hospitals
    - Health Service Region 4/5N
    - DSHS HQ (MACC representation at Mount Pleasant location)
    - Ark-Tex Council of Governments
    - 211 system
    - Emergency Management
    - Alabama-Coushatta Tribe
    - Other responder agencies as they are identified.
  - Contract with TEEX/NERRTC for exercise services, evaluation, and AAR.

## Ready or Not? Emergency Preparedness Media Campaign

- General Preparedness Phase: March 14-17, 2008
  - General Preparedness final Events are scheduled for El Paso, Midland, Lubbock and Amarillo
  - Partnering with Wal-Mart
- Hurricane Preparedness Phase: April 28 June 14, 2008
  - Kick-off event at the Capitol in Austin

- Events planned in Houston, Beaumont, Victoria, Galveston, Brownsville, Corpus Christi and ending back in Austin
- o Partnering with HEB
- New messaging / media advertising created targeting Hurricane Preparedness in Texas' Storm Surge Zones
- Partnering with Texas Department of Public Safety State Troopers to distribute campaign materials through their community outreach efforts
- Partnering with Meals on Wheels (MOW) statewide to provide information, document bags, wallet cards to MOW recipients and staff
- Planning for comprehensive sustainment strategy to ensure connectivity and leverage concepts already in place to maintain and increase readiness locally after the campaign and marketing tours are completed July 31, 2008
  - SUMA Orchard Social Marketing conducting Focus Groups with stakeholders in each Health Service Region beginning March '08.
     Targeted outcome input re: Media Campaign sustainability and strategies. Strategies to include but not limited to the development of a toolkit (posters, pamphlets, etc.)
- Developing email for partners use and distribution re: advertising the hurricane preparedness phase of campaign.
- Texas Public Relations Association (TPRA) awarded the campaign two
  prestigious public relations awards: "Silver Spur" for Community
  Relations and "Best of Texas" for the Ready or Not? website. Awards
  were presented March 1, 2008 at the TPRA Awards Banquet.

#### **Public Health Emergency Preparedness – Base**

- Statewide Initiatives \$30.25M (83.58%) of Public Health Emergency Preparedness State Fiscal Year 2008 Funding
  - Contractor Funding 56.89%
    - Local Health Department Program Contractors 41.45%
       Budget \$15.0M
      - 48 Contracts with Local Health Departments
    - Health Service Regions acting as Local Health Department 15.44%
      - ❖ Budget \$5.59M
        - Salaries & Fringe \$3.45M 70.2 FTE's
        - Fixed Expenditures for Software & Maintenance -\$62K
        - Regional Sub-Contracts \$1.2M
        - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) – \$878K
  - Epidemiological Response Team (ERT) 5.41%
    - Health Service Region ERT Teams

- ❖ Budget \$1.96M
  - Salaries & Fringe \$1.8M 32.15 FTE's
  - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) – \$160K
- Public Health Information Network 7.26%
  - Budget \$2.63M
    - ❖ Salary & Fringe \$467K 6.75 FTE's
    - Fixed Expenditure for PHIN Connectivity \$936K
    - ❖ Fixed Expenditure for PHIN Data Lines \$894K
    - Fixed Expenditures for Copiers, Pagers, Cell/Satellite Phones, Blackberries, etc - \$9K
    - ❖ Fixed Expenditures for Software Maintenance & Renewals and Other Maintenance & Support - \$243K
    - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) – \$81K
- Laboratory 8.33%
  - Budget \$3.01M
    - ❖ Salary & Fringe \$894K 16.0 FTE's
    - Fixed Expenditures for Service Agreements & Certifications - \$78K
    - ❖ Fixed Expenditures for Copiers, Pagers, Cell/Satellie Phones, Blackberries, etc - \$24K
    - Laboratory Supplies and Consumables \$187K
    - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$137K
    - LRN Laboratory Contracts \$1.69M
- Central Office Projects 1.73%
  - Budget \$628K
    - Exercises \$350K
    - PCC Support (SUMA Orchard) \$25K
    - Incident Command Training \$48K
    - ❖ Nurse CBT Website \$67K
    - County Extension Agent Training & Materials \$138K
- o Indirect Cost 3.96%
  - Indirect Cost Related to Statewide Initiatives \$1.43M

- Central Office \$5.94M (16.42%) of Public Health Emergency Preparedness State Fiscal Year 2008 Funding
  - Community Preparedness/Public Health Preparedness Unit 11.81%
    - Budget \$4.27M
      - ❖ Salaries & Fringe \$3.4M 50.25 FTE's
      - Fixed Set Aside Expenditures for Phone, Audit Fees, Workers Compensation (SORM), and Microsoft Licensing Fees - \$348K
      - ❖ Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries, etc - \$67K
      - ❖ Fixed Expenditures for Software & Maintenance \$37K
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$418K
  - o Infectious Disease Control Unit 0.83%
    - Budget \$300K
      - ❖ Salaries & Fringe \$266K 5.0 FTE's
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$34K
  - Communications 0.84%
    - Budget \$306K
      - ❖ Salaries & Fringe 251K 4.3 FTE's
      - ❖ Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries, etc - \$5K
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$50K
  - Contract Management Unit 0.66%
    - Budget \$238K
      - Salaries & Fringe \$229K 3.9 FTE's
      - Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries, etc - \$3K
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$6K
  - Indirect Cost 1.49%
    - Indirect Cost Related to Central Office Expenditures \$539K

- o Direct Assistance 0.79%
  - Direct Assistance from CDC \$287K

#### **Hospital Preparedness Program**

- Statewide Initiatives \$27.58M (91.01%) of Hospital Preparedness Program State Fiscal Year 2008 Funding
  - Contractor Funding 79.87%
    - Hospital Preparedness Program Contractors \$24.2M
  - Public Health Information Network 4.26%
    - Budget \$1.29M
      - ❖ Salary & Fringe \$75K 1.25 FTE's
      - Fixed Expenditure for EM Systems Hospitals & Dialysis Centers - \$1.21M
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) – \$5K
  - o Laboratory 2.09%
    - Budget \$634K
      - ❖ Salary & Fringe 164K 3.0 FTE's
      - Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries. etc - \$3K
      - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$91K
      - LRN Laboratory Contracts \$376K
  - Central Office Projects 4.19%
    - Budget \$1.27M
      - Exercises \$615K
      - ❖ Volunteer Registry \$545K
        - Fixed Expenditure for EM Systems \$400K
        - Fixed Expenditure for SUMA Orchard (Includes Connectivity Work Group Support and PCC Support) - \$100K
        - Recruitment Supplies and Expenses \$45K
      - Incident Command Training \$100K
      - CISM Instruction \$10K
  - Indirect Cost 0.6%
    - Indirect Cost Related to Statewide Initiatives \$181K

## Central Office – \$2.72M (8.99%) of Hospital Preparedness Program State Fiscal Year 2008 Funding

- Community Preparedness/Public Health Preparedness Unit 6.68%
  - Budget \$2.02M
    - ❖ Salaries & Fringe \$1.59M 24.05 FTE's
    - Fixed Set Aside Expenditures for Phone, Audit Fees, Workers Compensation (SORM), and Microsoft Licensing Fees - \$112K
    - Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries, etc - \$24K
    - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$294K
- Hospital Preparedness Data Analysis 0.35%
  - Budget \$107K
    - ❖ Salaries & Fringe \$104K 2.0 FTE's
    - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$3K
- Contract Management Unit 1.05%
  - Budget \$318K 4.9 FTE's
    - Salaries & Fringe \$306K
    - ❖ Fixed Expenditures for Copiers, Pagers, Cell Phones, Blackberries, etc - \$3K
    - Other Operating Expense (Includes Travel, Supplies, Training, Conferences, Registrations, Fees, Maintenance, Temporary Employees, etc) - \$9K
- o Indirect Cost 0.91%
  - Indirect Cost Related to Central Office Expenditures \$276K

## **Discretionary Funding Project**

- During last quarter's update, DSHS provided you with the process to be used to request FY 06 and FY 07 carryover funds based upon one-time identified needs from the Local Health Departments, Health Service Regions, and Central Office.
- CDC has given authority for 31 projects totaling \$3.2M for the FY 06 carryover funding.
- DSHS submitted 74 additional projects totaling \$12.5M in FY 07 carryover funding on March 12.
- We expect a response from CDC by April 2.

Each of these approved projects requires a contract amendment.
 Amendments have been sent out for each of the projects approved by CDC.

# Pandemic Influenza Competitive Proposals DSHS will be submitting three projects.

A Model for Public Engagement in a Public Health Decision-making Process in Rural Texas (USA Center for Rural Public Health Preparedness at the Texas A&M School of Rural Public Health)

- Because of ethical, values-oriented issues that may arise in a pandemic, it is important that the public be included in these discussions and planning processes.
- Partnering with the Comal County Health Department and the Angelina County & Cities Health District, the project will engage stakeholders and the public in discussions about ethical issues that will arise in a pandemic; to inform and assist state and local decision-makers, community stakeholders and community members in making valuesoriented policy decisions through facilitated dialogue; and to build trust and community capacity to effectively engage the public in future policy issues.
- It will take place in Comal County and geographically contiguous rural counties without health departments.

# **Electronic Data Exchange Interoperability Partnership** (DSHS Lab and Florida)

- The achievement of real-time influenza surveillance and laboratory testing surge capacity goals with our surveillance partners requires a collaborative solution between Information Technology and laboratory science disciplines.
- An alliance has been established with the Florida Department of Health Bureau of Laboratories to share its advanced electronic data exchange infrastructure in an effort to advance influenza planning, surveillance, response, and mitigation efforts across state and international borders.
- Florida has helped to develop the common data standards and standardized vocabulary needed to accomplish efficient electronic messaging and results reporting for influenza through their active participation in the Public Health Laboratory Interoperability Project and has made a significant investment in developing its Data Integration Broker engine and data integration team into a functional, state-of-the-art data exchange routing hub.

## **Electronic Death Reporting Demonstration Project** (DSHS Vital Statistics Unit)

- Electronic death registration systems are important especially as it relates to mortality surveillance for pandemic influenza.
- These electronic death registrations systems allow funeral directors and medical certifiers to complete death certificates electronically, rather than using the manual paper record process.
- The project proposes to implement an electronic death registration system to transmit fact of death data and demographic information within five days and cause of death information within ten days for at least 80% of deaths in Bexar County (San Antonio), Texas.
- This project incorporates an innovative approach that combines user training and support, resource materials, and continuing education courses to increase the number of funeral directors and physicians enrolling and utilizing the system.